

**Governor's EMS and Trauma Advisory Council
Strategic Plan**

**Status of "10/1/03" Strategies
August 1, 2004**

GOAL	STRATEGY	Plan Page #	ASSIGNEE	STATUS (8/1/04)
Integration	TDHBEM will adopt essential criteria/standards for the operations/processes of the RACs.	16	TDHBEM	<u>Completed</u>
Integration	GETAC, with stakeholder input, will develop universal definitions regarding the categorization of emergency/trauma patients for use statewide.	16	Medical Directors Committee	<u>Not started</u>
Integration	TDHBEM will implement a best practices website for systems/clinical care issues.	16	TDHBEM	<u>Not started</u>
Integration	GETAC, with stakeholder assistance, will promote innovative partnerships (e.g., Texas Parks and Wildlife, DPS, police) to provide first responder activities for underserved and difficult -to-access areas.	16	Rural Task Force	<u>Not started</u> – However, BEM staff have been told that the Border Patrol is considering ECA certification for its entire staff.
Clinical Care	GETAC, with stakeholder input, will identify high priority clinical areas (initially and on an ongoing basis), and assist TDH in collation and dissemination of current information/standards/ opportunities for education (TDHBEM website, Texas EMS Magazine, Texas EMS Conference, etc.) and annually thereafter.	17	Medical Directors Committee	<u>Not started</u>

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Clinical Care	GETAC, with stakeholder assistance, will make recommendations for a plan to address the specific needs of the pediatric patient population.	17	Pediatric Committee	Working – The Committee is working on guidelines that address: --Pediatric specific equipment for EMS providers --Pediatric specific education requirements for TDH credentialed designation surveyors --Definition of a pediatric patient --Guidelines for Regional Advisory Councils regarding pediatric patients The joint AAP/ACEP document “Care for Children in Emergency Departments: Guidelines for Preparedness” was adopted by GETAC as a guideline for pediatric care in Texas. The document was mailed to every hospital emergency department in Texas.
Communication	GETAC, with stakeholder assistance, will meet with the Commission on State Emergency Communications (9-1-1 Commission) to discuss the current status of the statewide 9-1-1 system and other issues (i.e., cell phone positioning, addressing, appropriate use of decommissioned cell phones, etc.) and develop joint strategies.	19	GETAC	Not started
Human Resources	Stakeholders will explore the possibility of innovative approaches (e.g., a physician being integrated into a local governmental program that would provide some form of liability limitation for EMS activities.).	22	EMS Committee	Not started
Human Resources	GETAC, with stakeholder assistance, will identify reasons why emergency/trauma care professionals are leaving the emergency care field and recommend strategies to address those issues.	22	EMS Committee Trauma Systems Committee Rural Task Force	Not started
Human Resources	GETAC, with stakeholder input, will explore the concept of utilizing state EMS grant funds for direct financing of EMS education and training programs.	22	GETAC	Not started

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Human Resources	TDHBEM (or other appropriate entity) will implement a website for scholarships/funding availability and vacancies/job opportunities.	22	TDHBEM	<u>Not started</u> – However, BEM does forward any funding opportunities to its gang stakeholder and the various listservers.
Medical Oversight	GETAC, the Texas College of Emergency Physicians (TCEP), the Texas Medical Association (TMA) and the Board of Medical Examiners (BME), with input from other appropriate stakeholders, will develop a Texas EMS Medical Directors Course, which includes minimum standards for EMS medical oversight (e.g., infield oversight, protocol development/review, quality improvement, etc.)	23	Medical Directors Committee	<u>Working</u> – A curriculum has been defined and a TCEP Local Chapter Grant applied for in order to develop multi-media course and launch curriculum.
Medical Oversight	GETAC, TCEP, TMA, BME, with input from other appropriate stakeholders, will explore the establishment of a medical director peer review process to address concerns or facilitate resolution of conflict between medical directors and providers.	23	Medical Directors Committee	<u>Not started</u>
Information Systems	TDHEPI will assure that all EMS/Trauma System entities will have had the opportunity to sign on to the new EMS/Trauma Registry program and be able to successfully transmit EMS and trauma care data to the state EMS/Trauma Registry.	26	TDHEPI	<u>Working</u> - The EMS/Trauma Registry has attempted to contact all entities at least twice, once by mail and once by phone, to get them signed up on the system. Sign up information is also available on the website.
Information Systems	TDHEPI will implement training aids to assist in data reporting.	26	TDHEPI	<u>Working</u> - Training has been conducted in 20 of the 22 RACs, at the EMS conference, and is provided online through a web tutorial and users' manual.
Information Systems	TDH and RACs will provide feedback (validation, data quality, standard/ad hoc reports) to those who generate data.	26	TDHEPI	<u>Working</u> - The EMS/Trauma Registry system provides feedback including data quality reports, standard/ad hoc reports, and automated validation reports.

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Legislation & Regulation	GETAC, with stakeholder input, will review 9-1-1/non-9-1-1 EMS licensed provider and non-licensed provider issues and make recommendations.	28	EMS Co mmittee	<u>Working</u> - In FY2004, a Medical Transportation Task Force was established to look at a broad range of EMS Provider issues. The MTPTF is projected to complete its initial charges in the next couple of months.
Legislation & Regulation	GETAC, with stakeholder input, will review the current Subscription Services statute and regulations and make recommendations.	28	EMS Committee	<u>Not started</u>